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POSZ LAW GROUP, PLC
12040 SOUTH LAKES DRIVE, SUITE 101
RESTON, VA 20191
PHONE 703-707-9110
FAX 703-707-9112

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**Applicants: HIMI et al.****Serial No.: 10/716,606****Filed: 11/20/2003****Title: METHOD FOR
MANUFACTURING
SEMICONDUCTOR SUBSTRATE****Atty. Dkt.: 01-100-DIV****Art Unit: 2813****Examiner: Thanhha S. PHAM**

Mail Stop AF
Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

Date: 2 October 2006

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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>		Application Number	10/716,606
		Filing Date	11/20/2003
		First Named Inventor	HIMI
		Art Unit	2813
		Examiner Name	Thanhha S. PHAM
Total Number of Pages in This Submission		Attorney Docket Number	01-100-DIV

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input checked="" type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance communication to (TC) <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input type="checkbox"/> Other Enclosure(s) (please identify below):
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Posz Law Group, PLC		
Signature	<i>Kerry S. Culpepper</i>		
Printed name	Kerry S. Culpepper		
Date	2 October 2006	Reg. No.	45,672

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below.			
Signature	<i>Kerry S. Culpepper</i>		
Typed or printed name	Kerry S. Culpepper	Date	2 October 2006